

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: New Hampshire **Filings Made During the Year 2007**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	1	xxx	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	2	1	xxx	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	2	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	2	1	xxx	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	1	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	1	xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	xxx	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	
	19	Medicare Part D Coverage Supplement	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	20	Risk-Based Capital Report	1	1	xxx	3/1	NAIC	
	21	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	22	Statement of Actuarial Opinion	2	1	xxx	3/1	Company	
	23	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	1	xxx	3/1	Company	
	24	Statement on par/non-par policies – Exhibit 5 Int. 1.1	2	1	xxx	3/1	Company	
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	26	Supplemental Schedule O	2	1	xxx	3/1	NAIC	
	27	Trusted Surplus Statement	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Workers' Compensation Carve Out Supplement	2	1	xxx	3/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	
	52	Audited Financial Statements	2	1	xxx	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	2	N/A	N/A	6/1	Company	
	54	Independent CPA	2	N/A	N/A	6/1	Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	
	57	Request for Exemption to File	2	N/A	N/A	5/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	2	0	xxx	3/1	State	
	102	Certificate of Deposit	2	0	xxx	3/1	State	
	103	Certificate of Valuation	2	0	xxx	3/1	State	
	104	Filings Checklist (with Column 1 completed)	1	1	xxx	3/1	State	
	105	Premium tax	1	0	1	3/15	State	
	106	State Filing Fees	1	0	1	3/15	State	
	107	Signed Jurat	xxx	xxx	xxx		NAIC	

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	<i>Domestic</i> – Patricia Gosselin Pat.Gosselin@ins.nh.gov , Don Lodge Don.Lodge@ins.nh.gov , Mary Verville Mary.Verville@ins.nh.gov <i>Foreign</i> – Mary Verville Mary.Verville@ins.nh.gov <i>Taxes</i> – Janet Colby Janet.Colby@ins.nh.gov
	B	Mailing Address:	21 South Fruit Street, Suite 14, Concord NH 03301
	C	Mailing Address for Filing Fees:	21 South Fruit Street, Suite 14, Concord NH 03301 ATTN: Janet Colby
	D	Mailing Address for Premium Tax Payments:	21 South Fruit Street, Suite 14, Concord NH 03301 ATTN: Janet Colby
	E	Delivery Instructions:	Premium Taxes must be mailed separately from Annual Statement filings. Postmark is accepted
	F	Late Filings:	Taxes – contact Janet Colby Annual Statement – company will be fined \$25 per day for a late filing. Company’s license may be suspended.
	G	Original Signatures:	Original signatures required on all filings from domestic companies. Tax forms must have original signatures
	H	Signature/Notarization/Certification:	Annual Statements and Premium Tax form must be notarized
	I	Amended Filings:	
	J	Exceptions from normal filings:	Domestic companies should apply at least 30 days prior to the due date to receive any exemption or extension
	K	Bar Codes (State or NAIC)	N/A
	L	Signed Jurat	
	M	NONE Filings:	
	N	Filings new, discontinued or modified materially since last year:	

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplement .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

The ***Quarterly .PDF Filing*** is the .pdf for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.